

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO <div style="font-size: 1.2em; font-family: cursive;">10596120</div>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12	1		1				
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	2	↓		↓		↓	
TOTAL DEP.	27	←		←		←	
TOTAL CLAIMS	23						
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←		←	
TOTAL CLAIMS							